

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE	
APPLICANT(S)	10/031948	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98			1			
99			1			
100			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						